

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

15376

FILED MAY 1 1944

Registration District No.

Primary Registration District No. 5-8-8-0 4-389

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Linn, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Dorothy Aunita Thien

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Thien 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 14th, 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 4 10 hr. min.

9. Birthplace Bland, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Beauty Operator

11. Industry or business Self

12. Name John D. Moeller

13. Birthplace Fredricksburg, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Lahmeyer

15. Birthplace Bland, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant J.D. Moeller

(b) Address Bland, Mo.

17. (a) Burial (b) Date thereof 3-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) Mar 13/44 (b) E. D. W. W. W. W. W.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Bland, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1944 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure Duration \_\_\_\_\_

Due to Shock & trauma

Due to Ran off roadway and turned over

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1700-4

Of autopsy Bad laceration to the left thigh

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 076  
(b) Date of occurrence March 12, 1944  
(c) Where did injury occur? Osage, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Automobile  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. W. Wildman (M. D. or other) Coroner  
Address Washburn, Mo. Date signed 3/14/44

JUN 7 1944

JUN 7 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4. 28. 44

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Vernon E. Marton

Licensed Embalmer No. 4125

P.O. Address Lincoln

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.